

**SAMPLE NOTIFICATION LETTER  
APPROVAL / DENIAL of FREE MILK**

Dear \_\_\_\_\_:

Date: \_\_\_\_\_

Your application for FREE MILK for \_\_\_\_\_ is:  
(Name of Student)

☐ **Approved.**

☐ **Denied** at this time for the following reason(s):

- ☐ Your household income is higher than is allowable to qualify for FREE MILK benefits.
- ☐ Your application is incomplete. The following information must be provided:

\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ **Approved Temporarily**, until \_\_\_\_\_. *(Specify date, not to exceed 45 calendar days after the date of eligibility determination.)* Ten days before the expiration date above, school officials will send you another application to complete and return. Upon receipt of the new application, your eligibility will be reconsidered.

Your child's eligibility was based on your household reporting monthly income of \$ \_\_\_\_\_ and \_\_\_\_\_ number of household members.

If you do not agree with this decision, you may discuss it informally with [(insert name and phone number of school official(s))]. You also have the right to request a formal appeal/hearing. If your request is filed within ten days after the date of this letter, benefits will continue until the appeal is settled. To request a formal appeal/hearing, write or call the person listed below:

Name:

Agency:

Address:

City, State, Zip:

Phone: (    )

If your child is approved for FREE MILK benefits, you must tell the school if/when your household income increases by more than \$50 per month (\$600 per year), or if/when your household size decreases. Also, if you list a Food Stamp (FS), CalWORKs, KinGAP, or FDPIR case number, you must tell the school if/when you no longer receive FS, CalWORKs, KinGAP, or FDPIR benefits.

You may send in another application for FREE MILK at any time during the school year. If you are not eligible now, but your income decreases, your family size increases, or you receive FS, CalWORKs, KinGAP, or FDPIR benefits, you may send in an application at that time.

**NOTE:** If your child is eligible for **FREE** and/or **REDUCED-PRICE** meals, he/she may also be eligible for other school program benefits, such as \_\_\_\_\_.

**Please duplicate this eligibility notice if you want to provide copies to the school or programs in your community as needed.**

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

*This Institution is an Equal Opportunity Provider and Employer.*